

LATERAL TRANSFER FIRE FIGHTER/EMT-CARDIAC

The Town of Tiverton is extending the date to receive applications for Lateral Transfer Fire Fighter/ EMT-C. A lateral fire fighter must possess Fire Fighter Certification Level 1 and 2; Hazardous Materials Operations Certification; current State of Rhode Island EMT-Cardiac Licensing or National Registry Certification as a Paramedic licensed in the State of Rhode Island; In order to qualify for consideration as a lateral fire fighter at the time of application, the lateral fire fighter must be currently employed by a full time fire department of a state, county or municipal department, or be a retired fire fighter who voluntarily separated within the last 12 months from a full time employment, or be a former paid fire fighter who separated within the last 12 months as a result of layoffs from full time employment, and have a minimum of three (3) years' full time experience while so employed. Applications online at www.tiverton.ri.gov or Town Clerks office 343 Highland, Road, Tiverton, R.I. 02878. Applications and resume, marked "Lateral Transfer Fire Fighter application" returned no later than 2:00 P.M. 4/10/2015. EOE/AA

Chief Lloyd
Tiverton Fire Department

TOWN OF TIVERTON
SEEKING APPLICANTS
FOR
LATERAL TRANSFER FIRE FIGHTER /EMT-CARDIAC

The Town of Tiverton is currently extending the date for accepting applications for the position of Fire Fighter/EMT-Cardiac. List of eligible candidates for the position will be established from which qualified candidates will be selected for current openings or to fill future vacancies.

1. In order to qualify for consideration as a lateral fire fighter at the time of application, the lateral fire fighter must be currently employed by a full time fire department of a state, county or municipal department, or be a retired fire fighter who voluntarily separated within the last 12 months from a full time employment, or a be a former paid fire fighter who separated within the last 12 months as a result of layoffs from full time employment, and have a minimum of three (3) years' full time experience while so employed.
- 2 A lateral fire fighter must possess Fire Fighter Certification Level 1 and 2; Hazardous Materials Operations Certification; current State of Rhode Island EMT-Cardiac Licensing or National Registry Certification as a paramedic licensed in the State of Rhode Island; current Cardiopulmonary Resuscitation Certification.
- 3 Lateral fire fighters will be required to complete a brief orientation training to include all those components that are particular to the Tiverton Fire Department.

Applications and resume`, in a sealed envelope clearly marked "Lateral Transfer Fire Fighter/EMT" must be returned to the office of the Town Clerk, Tiverton Town Hall, 343 Highland Road no later than 2:00 P.M. 4/10/2015 Applications are available at Town Clerk's Office, 343 Highland Road, Tiverton, RI or on the website www.tivertonri.gov

Tiverton is an Affirmative Action/Equal Opportunity Employer

Nancy L. Mello, Town Clerk

Tiverton Fire Department
85 Main Road
Tiverton, Rhode Island 02878

FIRE FIGHTER APPLICATION FOR EMPLOYMENT

This application must be typed or clearly printed in ink. All items in this application must be filled in completely, correctly and truthfully, to the best of your knowledge, and signed by the applicant. Any applications that are incomplete and/or illegible may be rejected by the Town of Tiverton.

SECTION I - PERSONAL HISTORY

NAME: Last		First	Middle	
PRESENT HOME ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS - If Different				
DATE OF BIRTH (MM/DD/YR)		SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	
ARE YOU A RESIDENT OF R.I.? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, THEN WHAT STATE?	ARE YOU A CITIZEN OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU A LICENSED AUTOMOBILE OPEARATOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		OPERATOR LICENSE NUMBER		STATE
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, WHAT STATE AND REASON. YES <input type="checkbox"/> NO <input type="checkbox"/> STATE				
REASON				
HAVE YOU EVER SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE TIVERTON FIRE DEPARTMENT? IF YES, LIST DATES. YES <input type="checkbox"/> NO <input type="checkbox"/> DATES				
HAVE YOU EVER SUBMITTED AN APPLICATION WITH ANY OTHER FIRE DEPARTMENT IN THE U.S.? IF YES, INDICATE THE AGENCY/S AND THE DATE/S OF THE APPLICATIONS.				
YES <input type="checkbox"/> NO <input type="checkbox"/>				
AGENCY		DATE		

THE TOWN OF TIVERTON IS AN EQUAL OPPORTUNITY EMPLOYER

SECTION II - EDUCATION

DATES				SCHOOLS / COLLEGES			
FROM		TO					
MO.	YR.	MO.	YR.				
				HIGH SCHOOL	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				COLLEGE OR UNIVERISTY	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				COLLEGE OR UNIVERSITY	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	
				OTHER EDUCATIONAL INSTITUTIONS	MAJOR	DIPLOMA OR DEGREE	
				ADDRESS	CITY / TOWN	STATE	

WERE YOU EVER SUSPENDED, DISMISSED, OR EXPELLED FROM ANY OF THE ABOVE SCHOOLS OR ANY OTHER EDUCATIONAL INSTITUTIONS, DURING YOUR SCHOLASTIC CAREER?

YES ☐ NO ☐ SCHOOL _____ DATE _____ TYPE OF ACTION _____

LIST ANY AWARDS, HONORS, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS, ATHLETIC ENDEAVORS, OR OTHER SPECIAL RECOGNITION YOU HAVE RECEIVED WHILE ATTENDING SCHOOL

1.

SECTION III - FORMER ADDRESSES

LIST CHRONOLOGICALLY ALL OF YOUR RESIDENCES IN THE PAST TEN YEARS, INCLUDING THOSE IN THE MILITARY (OFF BASE) AND THOSE WHILE AWAY FOR SCHOOL IF APPLICABLE. PLEASE ACCOUNT FOR ALL TIME. USE ANOTHER SHEET OF PAPER IF NECESSARY.

DATES				STREET ADDRESS	CITY	STATE	ZIP
FROM		TO					
MO.	YR.	MO.	YR.				

SECTION IV - MILITARY SERVICE RECORD

Read and Answer **ALL BOXES** within this section, if applicable.

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH OF MILITARY SERVICE	
HIGHEST RANK ATTAINED: DATE COMMISSIONED (If applicable)		TYPE OF DISCHARGE BASIS OF DISCHARGE	
SERIAL NUMBER DATES OF ACTIVE DUTY (MM/DD/YY) FROM / / TO / /		WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE IN THE SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> ACTION:	
HAVE YOU OR ARE YOU NOW SERVING IN A MILITARY RESERVE UNIT? IF YES, THEN WHAT BRANCH?		YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH:
HAVE YOU OR ARE YOU NOW SERVING IN A NATIONAL GUARD UNIT? IF YES, THEN WHAT UNIT?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

SECTION V - EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART-TIME EMPLOYMENT, FOR THE LAST FIVE YEARS. BE SURE TO ACCOUNT FOR TIME WHILE UNEMPLOYED, IF APPLICABLE. **ALL TELEPHONE NUMBERS ARE MANDATORY**

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

SECTION V - EMPLOYMENT HISTORY (continued)

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE ()
ADDRESS / CITY / STATE		
SALARY / WAGES	TYPE OF WORK	POSITION
STARTING DATE / /	ENDING DATE / /	REASON FOR LEAVING

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION?

YES ☐ NO ☐

IF YES, GIVE NAME OF EMPLOYER _____

SECTION VI - CHARACTER REFERENCES

LIST THREE REFERENCES, WHO ARE REPUTABLE CITIZENS OF THEIR COMMUNITIES, AND ARE WILLING TO ATTEST TO YOUR CHARACTER AND REPUTATION. LIST THOSE WHO HAVE KNOWN YOU FOR AT LEAST FIVE YEARS, PREFERABLY THE LAST FIVE YEARS. (DO NOT INCLUDE ANY PRESENT OR PAST EMPLOYERS, ANY RELATIVES BY BLOOD OR MARRIAGE, OR SCHOOL TEACHERS)

COMPLETE NAME	OCCUPATION			NO. OF YEARS KNOWN
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

COMPLETE NAME	OCCUPATION			NO. OF YEARS KNOWN
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

COMPLETE NAME	OCCUPATION			NO. OF YEARS KNOWN
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

SECTION VII - COURT RECORDS

HAVE YOU EVER PLED GUILTY, NOLO CONTENDRE, OR BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE?

YES ☐ NO ☐ IF YES, LIST ANY CONVICTIONS BELOW.

DATE	PLACE AND DEPARTMENT	CHARGE (S)	FINAL DISPOSITION

SECTION VIII - DRIVING RECORD

LIST ALL MOTOR VEHICLE VIOLATIONS YOU HAVE RECEIVED OVER THE LAST TEN YEARS.

DATE	VIOLATION	POLICE DEPARTMENT	DISPOSITION

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A MOTOR VEHICLE OVER THE LAST TEN YEARS.

DATE	TYPE	POLICE DEPARTMENT	WERE YOU INJURED?	WERE YOU FOUND AT FAULT?
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL QUESTIONNAIRE

LIST ANY SPECIAL SKILLS OR TRAINING YOU HAVE ACQUIRED THAT WOULD BE BENEFICIAL TO THE TIVERTON FIRE DEPARTMENT. (INCLUDE ANY LANGUAGE SKILLS, FIREARMS TRAINING, COMPUTER SKILLS, ETC.)

LIST ANY AWARDS, CERTIFICATES, OR HONORS RECEIVED, OTHER THAN THOSE LISTED UNDER "SECTION II - EDUCATION" OF THIS APPLICATION.

LIST ANY PUBLIC SERVICE OR COMMUNITY ACTIVITIES IN WHICH YOU ARE CURRENTLY INVOLVED OR HAVE BEEN INVOLVED IN PAST YEARS.

PERSONAL QUESTIONNAIRE (continued)

IS THERE ANYTHING IN YOUR BACKGROUND OR PERSONAL HISTORY THAT WOULD ADVERSELY AFFECT YOUR ABILITY TO PERFORM THE DUTIES AND RESPONSIBILITIES OF A FIRE FIGHTER? YES ☐ NO ☐ IF YES, EXPLAIN BELOW.

EXPLAIN IN YOUR OWN WORDS WHY YOU ARE INTERESTED IN BECOMING A MEMBER OF THE TIVERTON FIRE DEPARTMENT. (PLEASE ATTACH A SEPARATE PIECE OF PAPER FOR THIS RESPONSE, WHICH SHOULD NOT EXCEED ONE PAGE.)

I HAVE READ THIS APPLICATION AND THE ENTRIES MADE HEREIN, AND HEREBY STATE THAT ALL SUCH STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY SERVE AS THE BASIS FOR DISMISSAL FROM THE RECRUIT SELECTION PROCESS.

I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE COMPLETE, CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____



FTD

Tiverton Fire Department

FIREFIGHTER

DEFINITION:

To protect life and property by combating, extinguishing, and preventing fires and providing emergency medical assistance.

DISTINGUISHING CHARACTERISTICS:

Firefighter is a journey-level classification. Incumbents are expected to perform the full range of duties of a Firefighter. The classification is distinguished from Fire Recruit in that the latter is a training classification used during the Fire Training Academy.

SUPERVISION RECEIVED AND EXERCISED:

General supervision is provided by superior officers.

EXAMPLES OF DUTIES:

Depending upon assignment, duties may include, but are not limited to, the following:

- Respond to fire with a fire company, enter burning buildings with hose lines, operate nozzles, and extinguish the fire as directed.
- Operate hand fire extinguishers, fog nozzles, and similar equipment in extinguishing fires; raise, lower, and climb ladders; and ventilate burning buildings to carry off smoke and gases.
- Rescue persons from danger and administer medical aid as necessary.
- Perform salvage operations such as throwing covers, evacuating water, removing debris, and performing general cleanup at the fire scene.
- Perform routine housekeeping duties at a fire station, such as mowing grass, making beds, cleaning walls, washing windows, and sweeping floors.
- Perform limited repair and maintenance work on fire equipment and apparatus.
- Attend in-service training sessions to learn firefighting strategies and tactics, equipment operation, medical aid, and street and hydrant locations.
- Perform business inspections.
- Make presentations on fire safety and burn prevention to schools, service clubs, or other public gatherings.
- Promote fire safety and burn prevention among public contacts.
- Perform related duties as assigned.

QUALIFICATIONS:

Knowledge of:

- Basic arithmetic functions.
- The Town of Tiverton street system and physical layout of Tiverton.

Ability to:

- Understand and learn firefighting information from oral and written sources.
- Read and write the English language at a level necessary for efficient performance.
- Understand and apply mechanical diagrams and concepts.
- Understand and follow oral instructions.
- Work long hours under stressful conditions.
- Apply a wide variety of firefighting duties, methods and procedures including the operation of firefighting apparatus, equipment, and tools.
- Perform physical and strenuous firefighting work requiring physical strength, coordination, endurance, and flexibility.
- Establish and maintain cooperative relations with others.

Education: Successful completion of the Tiverton Fire Training Academy , High school diploma or G.E.D equivalent.

SPECIAL QUALIFICATION:

Age: Must be at least 18 years of age by the date indicated on the job announcement.

Licensure Qualifications: Must possess a valid State of Rhode Island EMT- Cardiac or Paramedic License

Driver License: Possession of a valid Rhode Island Driver License at the time of appointment. Individuals who do not meet this requirement due to a physical disability will be reviewed on a case-by-case basis.

Respiratory Protective Equipment: Work in this classification requires wearing respiratory protective equipment at times. When assigned to such work, facial hair must be shaven when it interferes with the safe fitting of respiratory protective equipment.

Probationary Period: Employees must complete twelve (12) months of probation at a satisfactory performance level prior to gaining permanent status.